A Lecture

ON THE

PATHOLOGY AND TREATMENT OF HYSTERIA.

Delivered at the Royal Infirmary for Diseases of the Chest.

BY

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Gentlemen,—Hysteria, the subject of to-day's lecture, is a disease which has been known from the commencement of civilisation, and was so called by the physicians in Ancient Greece, who believed it to arise from the freaks and vagaries of a dissatisfied and ill-tempered uterus (ὑστέρα). Plato and his followers described this organ as an animal endowed with spontaneous sensation and motion, lodged in another being, and ardently desirous of procreating children. If it remained sterile long after puberty (these philosophers argued), it became indignant at its unnatural condition, travelled through the whole system, arrested respiration, and threw the body into extreme danger, until it became pregnant, whereby its wrath was appeased, and it behaved well ever afterwards.

Pressure of the uterus upon the various organs of the body was considered to be the mainspring of all the sufferings of hysterical patients. Where there was a feeling of suffocation, it must be due to the uterus compressing the throat and the bronchial tubes; coma and lethargy in hysterical women proceeded from the womb squeezing the blood-vessels travelling towards the brain; palpitations arose from the uterus worrying the heart; and if there were a feeling of pain and constriction in the epigastrium, it must again be the womb engaged in a relentless attack on the liver. Even so recent a writer as M. Landouzy has endeavoured to prove that the sick or dissatisfied uterus is the only source of hysteria.

A more accurate observation of facts, and a less prejudiced interpretation of the same, has gradually led us to different views on this subject. The credit of having upset the uterine theory of hysteria belongs chiefly to M. Briquet, the able and zealous physician of La Charité, who was the first to apply the numerical method to this branch of pathological inquiry, whilst at the same time carefully guarding against the dangers which beset the path of statistical investigation. Romberg, the Nestor of German pathologists, first directed attention to the fact that reflex excitability is largely increased in hysteria; but he did not lay sufficient stress on the emotional character of the disease.

And yet it is this emotional character which serves to explain, not only the infinite variety of symptoms, but also the causation and progress of hysteria. As regards the symptoms, we find that their multitude and apparent incongruity have perplexed and bewildered those observers who were without this clue to the comprehension of their nature. Rivière called hysteria not a simple, but a thousandfold disease. Sydenham asserted that the forms of Proteus and the colours of the chamelion were not more various than the divers aspects under which hysteria presented itself; and Hofmann said that hysteria was not a disease, but a host of diseases. Yet all the symptoms, such as convulsive attacks, fainting fits, pain, cough, difficulty of deglutition, vomiting, borborygmi, asthma, hiccough, palpitations of the heart, tenesmus of the bladder, general and partial loss of power, catalepsy, coma, delirium, etc., flow from the same source; and may be classified as functional spasms and paralysis, anæsthesia and hyperæsthesia, resulting from painful impressions, whether mental or physical, which act on the emotional portion of the encephalon.

Being guided by this fundamental principle, we find the transition from physiological to pathological manifestations easy and natural. All symptoms of hysteria have their prototype in those vital actions by which grief, terror, disappointment, and other painful emotions and affections, are manifested under ordinary circumstances, and which become signs of hysteria as soon as they attain a certain degree of intensity.

Take, for instance, the case of an impressionable woman, one who does not belong to the class of the strong-minded, and who has not, by long and laborious training, acquired that perfect control over herself and her demeanour which is now considered part of a young lady's education; or one, who may be possessed of perfect self-control when in good health, yet may have lost it to a great extent when debilitated by disease or anxiety. Tell this woman suddenly that the house is on fire, or that she has lost a near relation, and you may be sure to observe some of or all the following symptoms. She perceives a feeling of constriction in the epigastrium, oppression on the chest, and palpitations of the heart; a lump seems to rise in her throat and gives a feeling of suffocation; she loses the power over her legs, so that she is for the moment unable to move; and she wrings the hands in a spasmodic manner. Let these symptoms increase in degree of intensity, and you have the well known signs of hysteria, which I have just classified under the four heads of functional spasm and paralysis, anæsthesia and hyperæsthesia, and which result from painful impressions being transmitted to the emotional part of the brain.

I now go a step further to show you in what class of persons you may expect hysteria to be principally developed. Every day's experience will show you that, while there are girls and women in whom the most trifling cause gives rise to spasms and convulsive attacks, we meet, on the other hand, with not a few who have during the greater part of their lives been subjected to influences tending to produce hysteria, but who have yet never shown any signs of it. This fact has always been so apparent, that all observers are agreed about it; but the nature of the peculiar constitution predisposing to hysteria has to this day been a matter of controversy. Hippocrates said that women who had an abundance of seminal fluid, and who suffered from leucorrhœa—that is, the lymphatic and the pale—were predisposed to become hysterical; while Galen held that the strong, the fleshy, the sanguine women, had a greater tendency

to it. Subsequent writers have sided, sometimes with Hippocrates, sometimes with Galen, but mostly with the latter. The truth is, that there is no such thing as a peculiar constitution of the body predisposing to hysteria, since the disease indiscriminately invades women of all kinds of physical constitution. Nor has the intellect anything to do with it; for some hysterical women are very clever, while others are the reverse. It is rather the mental constitution which exercises an all-powerful influence in the production of this disease.

Women whose sensibility is blunt, never become hysterical; while those who are readily accessible to impressions coming from without, who feel acutely and are liable to strong emotions, are certain to become hysterical if made to suffer mental agony or prolonged physical pain. This high degree of sensibility is not confined to any particular rank of society; but may be found equally strong amongst the lower orders as with the upper ten thousand. For this reason, hysteria may occur, and actually does occur, in women of all ranks and orders. It is frequent in the higher classes of society, in ladies who lead an artificial life, who do nothing, whose every wish or whim is often gratified as soon as formed, and who are very apt to go into hysterics at the slightest provocation or contrariety. For them, real honest work, the pursuance of an object in life, such as the education of children or some charitable undertaking, is often the best cure. Again, we find plenty of irritable and impressionable women in the lower classes; and as want, grief, and anxiety, are common amongst them, they are very prone to hysteria. Such women are often cured by an improvement in their social position.

As emotion and anxiety on the one hand, and highly impressionable women on the other hand, are found in all inhabited quarters of the globe, hysteria is not confined to any particular climate or country. The common belief is that this disorder is more frequent in tropical than in temperate or cold climates. But such is not the case. We find hysteria not only in the South, but in the highest latitudes. The Russian ladies are uncommonly hysterical. The same is the case with the Swedish, Polish, and Swiss; and hysterical women are even found amongst the Esquimaux and Greenlanders, and in Iceland. On the other hand, there is no doubt that the circumstance whether women live in towns or in the country, is of considerable influence in the production of the disease. Although hysteria does occur amongst rustics, yet it is far more frequent in large towns, where everything tends to debilitate the nervous system, and where the struggle of life, and consequently painful emotions, are more intense than elsewhere.

The same considerations serve to explain the influence of sex in the production of hysteria. Those observers who believed the sick or dissatisfied uterus to be at the bottom of all the mischief, were obliged to maintain that hysteria occurred only in women. And it is certainly infinitely more frequent in women than in our sex, although not on account of the uterus, but by reason of the higher degree of sensibility possessed by women. Yet it does occur in males as well as in females, if they are highly sensitive and subject to painful emotions.

As some of you may not have seen a case of hysteria in a male patient, and may therefore feel inclined to disbelieve its occurrence in our sex, I will give you the following particulars of a case in point, which occurred some time ago in my practice.

In October 1861, I was called to see a young Frenchman recently arrived in London, who, I was informed, "was in a fit". On arriving at his residence, I found the patient just recovered from a severe convulsion, and in a violent paroxysm of crying and sobbing, complaining of a very bad headache and pains all over the body. He told me after a while that, having gone that day to a banker's to cash a cheque, he was, on his way home, robbed of his money; and that he now found himself without a farthing. He discovered his loss on arriving at home; and, after having well assured himself that the money was actually gone, he felt giddy, had the sensation of a lump rising from the stomach to the throat, fell down, and was seized by convulsions. He did not quite lose his consciousness, but felt all the time as in a trance. The convulsions lasted more than twenty minutes, after which the crying and sobbing commenced. He said he was ashamed of it, but he could not help it. He had on several previous occasions been seized by a convulsive attack, after having had some contrariety or annoyance, but never otherwise. He generally felt ill for twenty-four hours afterwards, and then recovered. He was, however, habitually subject to neuralgia in the left arm, and to a sensation of numbness in the left hand and fingers. He frequently suffered from headaches, pain in the stomach, indigestion, and flatulence. I ordered him some brandy and water, and a dose of quinine and morphine at bedtime. He called upon me the following morning, looking a little pale, but otherwise well; and I have not seen him since.

Now, the only convulsive disease with which this affection could have been confounded is epilepsy; but the circumstance that the attacks in this case only came after painful emotions, together with the feeling of the lump in the stomach and throat, the crying and sobbing after the attack, and finally the long duration of the convulsion, distinguish it sufficiently well from epilepsy.

The common belief is, that hysteria does not occur in childhood and advanced age; but this is erroneous, for, amongst 820 well-marked cases of hysteria which I have collected from medical literature, there were 71 patients under ten years, and 28 over the age of forty-five. Hysteria is, therefore, not confined to the period of puberty, as the advocates of the uterine theory would have it. During childhood, the female sexual organs are in a state of perfect repose, and do not give rise to sufferings; but nervous sensibility is high, and reason still dormant; so that, if painful emotions be frequently repeated or be unusually powerful, we have all the necessary conditions for the development of hysteria. In accordance with this view, we find that, when children are hysterical, the cause is almost always maltreatment by the parents (especially step mothers) or nurses, and excessive sensibility inherited from their parents.

In September 1860, I was consulted about an intelligent-looking girl, aged 7, "who had fits". The mother showed many signs of hysteria, and said that she had had a fright when pregnant with this child. The little patient had always been delicate, nervous, and sensitive—prone to crying at the slightest provocation. She had her first convulsive attack when five years of age, and it occurred after having been scolded by the nurse. From that time she had well-marked hysterical attacks at least once a week. Moreover, she was liable to headaches, globus, pain

in the epigastrium, vomiting after the most trifling fault in the diet, and a great deal of flatulence. There was considerable numbness on the whole left side of the body. I ordered the child to be removed to the seaside, and prescribed full doses of the bromide of potassium, together with wine, cod-liver oil, and a general tonic regimen. After three months, her health was very much improved; and she had altogether only seven attacks more, the last occurring in 1863. In May 1865, she first menstruated; and since then she has been almost well, although even now the hysterical condition is not quite removed. Headache and the peculiar hysterical pain in the epigastrium are apt to occur after painful emotions; and globus and palpitations of the heart, although rare, have yet not entirely ceased to trouble her.

Between fifteen and twenty years of age, hysteria is most frequent, in consequence of the radical change which the nervous system undergoes during that period. Within those years girls begin, as it were, a new existence; they leave the nursery and its habits, and, imagination reigning supreme, they enter upon the world, with its passions, troubles, and disappointments; and, if painful emotions be frequently and powerfully experienced, hysteria is the inevitable result, provided the system is predisposed for it. After twenty, the disease becomes much more rare—a circumstance which cannot possibly be explained by the uterine theory; for at no other age are the female sexual organs subject to more considerable disturbances than after that time of life. The condition of the nervous centres, however, gives us a satisfactory clue to that circumstance. As imagination gives way to a more matter-of-fact view of life and the world, illusions vanish, and impressions and sensations are kept more under control than previously. As age advances further, hysteria becomes continually more rare, because the mind has become settled and critical, and little accessible to sudden impressions and emotions.

The progress of hysteria is powerfully influenced by the events of life. If these be happy, the prognosis is, generally speaking, favourable; if the reverse, the disease may continue unabated to an advanced period of existence. The duration of hysteria is, therefore, very variable; but, on the whole, it must be admitted that it is much longer than is commonly believed. Hysteria is a disease of the whole system, the symptoms of which may be very readily relieved, but the actual cure of which is most difficult, as it depends, to a very great extent, upon circumstances over which the physician has no control. In order to say that an hysterical woman has really been cured, we must observe her for at least four or five years after the cessation of the symptoms.

The prognosis of hysteria is, therefore, not nearly so favourable as is generally believed. It is true that we possess effectual remedies for nearly every symptom of hysteria, and that the disease is not dangerous to life. Yet, on the other hand, we find that many patients only get well as age advances and sensibility becomes blunt; while others do not recover at all, or are troubled throughout life by the consequences of the malady. During the best years of existence, they are worried with pain or convulsions, loss of voice or paralysis, unable to fulfil the duties which Providence has imposed upon them, and a burden to themselves and others.

Strong moral emotions, affecting the will and the imagination of the patients in a powerful manner, may cure hysteria temporarily or permanently, especially if they be of a sublime and exalting character. And here let me say a few words on those apparently miraculous cures, wrought by the agency of faith, which are disbelieved by many physicians, and which nevertheless are as real as any cures obtained by other more tangible remedial agents. Many cases of this kind have been recorded by French physicians, whose evidence is quite convincing. Amongst ourselves, Sir Benjamin Brodie has related the case of a patient affected with severe arthralgia, who had been in bed for several years, but who, at the command of her spiritual adviser, in the name of our Saviour, to get up and walk, actually did it. A striking instance of the same sort occurred in 1844 at Treves, in Germany, where a lady of high rank, who had been completely paralysed for a number of years, was carried to the cathedral, where the bishop had caused a sacred relic to be exhibited, at the sight of which she immediately regained the use of her limbs.

Time is already so far advanced that I regret I cannot enter, as I had intended to do, into the various forms of paralysis observed in hysterical women, and which may appear as hemiplegia, paraplegia, and general paralysis, and may affect not only the voluntary muscles of the extremities, but also the pharynx, the vocal cords, the diaphragm, the bladder, the rectum, and the heart. I must also forego to describe the differences between acute and chronic hysteria; nor can I say anything now about the epidemics of hysteria, and the phenomena of somnambulism, Mesmerism, etc., which appertain to the domain of this disease. I will only, before proceeding to consider the treatment, give you a few hints how you may be able to distinguish the hysterical from the epileptic attack, which is a matter of considerable importance.

Hysterical attacks occur almost always after a painful emotion, maltreatment of children by their parents, or of wives by their husbands, terror on seeing some disgusting object or witnessing a convulsive attack, fright, sudden suppression of the menstrual flow, etc.; while epileptic attacks almost always come on without any appreciable cause. The starting-point of the hysterical attack is generally in the epigastrium; while the epileptic attack occurs either without any warning, or with an aura of a different kind, which mostly starts from the limbs. In the hysterical attack, the loss of consciousness is preceded by globus and a feeling of suffocation; in the epileptic attack, it is sudden. The epileptic patient falls down as if struck by lightning, no matter where he may be; the hysterical patient has almost always the time to find a suitable place (a bed or sofa) where to fall down. The epileptic convulsion is a sort of tetanus which does not resemble physiological movements, and scarcely ever lasts more than five or ten minutes; the hysterical convulsions always mimic physiological movements, and last at least fifteen minutes, and often very much longer. At the end of the epileptic attack, the patient falls into a deep coma, or he recovers consciousness at once, and feels shaken and exhausted; at the end of the hysterical attack, there is generally a fit of crying and sobbing. Finally, we observe that, after the hysterical attack, urine of a peculiar character is passed, which is not the case after the epileptic attack. The chief pecu-

liarity of the urine after the hysterical attack is its great abundance, as it may amount to a pint or even more at one time. This urine is clear and devoid of colour, almost inodorous and tasteless; it has a specific gravity of very little over 1000, and consists of scarcely anything but urinary water. The cause of the large increase of the urinary water is a spasm of the capillary vessels of the skin, which consequently contain less blood than usual, and therefore throw additional work on the kidneys.

The treatment of hysteria is more difficult than that of any other disease, and demands all the resources of the art and all the individual skill of the physician. It may be considered under three different heads.

1. We must endeavour to remove the causes which we know to produce hysteria; viz., painful emotions.
2. We must modify the constitution; and
3. We must relieve symptoms.

As regards the first point, we often find all our efforts unavailing; yet we must never despair of success. We must try to rouse the will of the patient, to reconcile her to her position in life, and obtain for her the best possible conditions from those who surround her. Thus, even in apparently desperate cases, the physician may, by tact and perspicuity, yet to a certain extent be successful. Sometimes a total change of air and scene, a voyage to the Cape or Australia, does wonders.

Our second object must be to modify the constitution of the patient. If this be thoroughly wrong, we may hope for the best; while in cases where it does not seem to offer any irregularities, much less can be accomplished. Those hysterical patients whose constitution is at fault may be divided into three classes; viz., the anæmic, the plethoric, and the purely nervous.

In the *anæmic*, the restorative treatment must be pursued. We must make the patients eat, which it is often most difficult to do; recommending plain and nutritious fare, such as milk, Liebig's meat-extract (prepared with barley-water and a little brandy), chocolate, eggs, poultry, and joints. A liberal allowance of wine is often very useful; while we must prohibit water, for which most patients of this class have an inordinate craving, and which almost invariably disagrees with the stomach. Amongst the preparations of iron, the best for these cases is the reduced iron of the *British Pharmacopœia*, in doses of one or two grains, two or three times a day, with meals. A cold sponging-bath in the morning is also of great service. Where there is much emaciation, cod-liver oil, or the pancreatic emulsion of my colleague Dr. Dobell, may be given. Where the patient's means allow a journey abroad, the chalybeate waters of the continent, especially those of Spa, Schwalbach, Pyrmont, and St. Moritz, are admirable remedies. The best amongst them for these cases I believe to be those of St. Moritz, in the Engadin, where the highly rarified Alpine air, the carbonated baths, and the chalybeate mineral springs combined often produce marvellous results. St. Moritz is the highest inhabited valley in Europe, being more than 5000 feet above the level of the sea.

For the *plethoric*, the treatment has to be quite different. In these, a bland diet, long-continued warm baths, saline remedies, and occasionally local abstractions of blood, must be prescribed.

For the *purely nervous*, the antispasmodic remedies are suitable. Assafœtida, valerian (given as the valerianate of zinc), musk, and castor, take their proper place in these cases. All these remedies have lately fallen much into disuse, because they were indiscriminately employed for all forms of hysteria, and therefore often failed to do good; but if you restrict their use to the class of patients just alluded to, I have no doubt that you will be well satisfied with their effects.

In all cases of hysteria, we must take care that the ordinary functions of life, especially menstruation and alimentation, should be in proper order. Complications with tumours, chronic metritis, displacement of the womb, foreign bodies (such as intestinal worms), or an accumulation of fæces, must be treated according to general rules.

For the relief of hysterical *symptoms*, I know no more useful remedy than Faradisation, by which nearly all manifestations of hysteria may be arrested, and either temporarily or permanently cured. The effects of this agent may be easily understood, if we consider that hysteria is a functional, not a structural disease, and that its symptoms are, generally speaking, nothing but simple modifications of sensibility and contractility. By Faradisation, we may act powerfully on the organs of sensibility and contractility without injuring them, whatever may be the part of the body upon which we may desire to act, and whatever may be the degree of intensity it may be found necessary to use.

According to the nature of the symptom we intend to combat, the mode of application must be different. Hysterical hyperæsthesia is generally cured by two or three applications of a wire-brush, conveying a powerful current to the skin, for two or three minutes each time. This procedure is painful, and it may therefore be advisable, in women who are very sensitive, to place them previously under the influence of chloroform, or to inject morphia subcutaneously, which takes nothing away from the revulsive effects of Faradisation. For hysterical anæsthesia, the proceeding is the same, only it must be continued for ten or fifteen minutes. In such cases, no inconvenience attaches to the use of Faradisation, because as soon as the patient begins to feel pain, the anæsthesia is dispelled, and the operation may be discontinued.

For anæsthesia of the nerves of special sense, the continuous galvanic current is preferable to Faradisation; but the latter is again more useful in anæsthesia of the mucous membrane of the bladder, vagina, and rectum.

In hysterical attacks, I prefer a drenching with cold water in hospital, and an emetic in private practice. Faradisation is again useful in globus, spasmodic cough, and dysphagia.

If hysterical paralysis is accompanied by acute symptoms, the patient must first be treated according to general rules. Faradisation can only be safely employed after the acute stage has subsided, when it often proves curative. In these cases, it ranks in value immediately after those sublime and elevating emotions, of the curative influence of which I have already spoken. Partial paralysis is always more easily curable than the general form. Hysterical paraplegia is however obstinate; while hemiplegia, aphonia, and paralysis of the muscles of the pharynx, are often cured by a single application.